Services Information System

(SIS)

User's Manual

☐ A. Client Identifying Information	NORTH CAROLINA DIVISION OF SOCIAL SERVICES SERVICES INFORMATION SYSTEM CLIENT ENTRY FORM										
			DATE								
1 CLIENT ID		2 CLIENT NAME, LAST		FIRST							
3 CLIENT SOCIAL SECURITY NO.	4 DATE OF BIRTH 5 0	COUNTY 6 COUNTY CASE I	NO.	7 OTHER							
1 1 1 -1 1 1 -1 1 1		<u> </u>	1								
B. Service Plan 8 DECISION 9 SERVICE	S REQUESTED	10 SERVICE 11 DATE REQUEST	TED 12 DATE TERMINAT	ED 13REASON 14 SPECIAL USE							
o beloción o de como e	01124020125	CODE	125/112 12/11/11/11	ED 13REASON 14 SPECIAL USE							
			-	 							
			+								
C. Notice of Action Taken											
			through	1							
) the service	ce which is marked "No	"because							
	The policy we followed is	found									
Service	Fee Amo	unt	per	starting							
D. Purchase of Service											
				Beginning							
				Provider ID							
Client Address:			Funding	source							
			Client Phone:								
Cost Share Amount	per S	tarting	E. Income Info	INCOME AMCOUNT							
				PER							
F.				PER PER							
Social Worker's Signature			NO. IN INCOME UNI	T DECLARATION METHOD VERIFICATION METHOD							
G. if you disagree with any action check you have the right to ask for a hearing	ed above or if you think the inform	ation used to make the decis	sion was incorrect, for a hearing.	COMMENTS:							
By signing below, you are saying that	you have given correct and complet	e information.	signature								
Signature	Witness										
H. Client Information											
15 CASE MANAGER NAME, LAST	FI MI 16	CASE MANAGER SSN	17 LOCA	L USE 18 SATE USE							
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19 SPECIAL AREAS	DO DEACON 2 LECAL CTATURGO	LIVING ADD 32 SEV 34 DAGE	EDITOATION								
	20 REASON 2 LEGAL STATUS 22	LIVING ARR. 23 SEX 24 RACE 25	EDUCATION 5 IN SCHOOL 26 HIGHEST GR	ADE							
DSS5027 (Rev. 6/93	20 REASON 2 LEGAL STATUS 22	LIVING ARR. 23 SEX 24 RACE	EDUCATION 5 IN SCHOOL 26 HIGHEST GR	DATA ENTRY COI							

INSTRUCTIONS FOR THE SIS CLIENT ENTRY FORM, DSS-5027

I. PURPOSE OF THE FORM

The DSS-5027 is designed to be used to:

- document the client's request/application for social services
- document the client's income eligibility for services
- provide notice to the client regarding the action taken on the request for services
- provide the client with information regarding rights and responsibilities and information on how to request and obtain a fair hearing
- transmit authorization to service providers to claim reimbursement for services provided
- open a service client information record in the Services Information System
- update service client information in the Services Information System

SECTION II DEFINITIONS OF TABLE VALUES FOR RESERVED FIELDS

Table A: Home and Community Care Block Grant

NOTE: Complete <u>both</u> fields 7 and 14 for HCCBG. It is essential that the Home and Community Care Block Grant codes be keyed into the system by the 10th of each month or the last working day

prior to the 10th when the 10th falls on a weekend or holiday. Payment may be denied by the Division of Aging if this deadline is not met.

FIELD 7: OTHER

All <u>five</u> spaces must be completed or the client will not be registered and payment from the Division of Aging will not be made <u>except</u> as noted for the Fifth Space, which is required only for clients receiving Preparation and Delivery of Meals. The Division of Aging policy regarding the definitions and use of these codes is to be followed. This can be found in the Home and Community Care Block Grant Procedures Manual for Community Service Providers, Sections 3 and 4.

FIELD7: OTHER

First Space - Enter **A** in the first space of the Other field to identify that the data to follow applies to the Home and Community Care Block Grant (HCCBG) administered by the Division of Aging.

Second Space - Is client oriented?

- No Referral source or agency's professional assessment indicates client has a problem with or has suffered a significant decline in short term memory, thinking, or decision making.
- Yes Referral source or agency's professional assessment indicate no indication of a significant memory problem.

Third Space - Number of IADL impairments client experiences.

- 0 None
- 1 One impairment
- 2 Two impairments
- 3 Three or more impairments

FIELD7: OTHER

Fourth Space - Number of ADL impairments client experiences.

- 0 None
- 1 One impairment
- 2 Two impairments
- 3 Three or more impairments

Fifth Space - Is client at nutritional risk?

Note: Entry required only for clients receiving Preparation and Delivery of Meals

- 1 No nutritional risk
- 2 Moderate nutritional risk
- 3 High nutritional risk

FIELD 14: SPECIAL USE

First Space - Enter **A** in the first space of the Special Use field to identify that the data to follow applies to the Home and Community Care Block Grant (HCCBG) administered by the Division of Aging.

For each service to be provided under the Home and Community Care Block Grant, complete the next five spaces of this field to answer the following questions. All <u>five</u> spaces must be completed or the client will not be registered and payment from the Division of Aging will not be made <u>except</u> as noted for the Sixth Space, which is required only for clients receiving Preparation and Delivery of Meals. The Division of Aging policy regarding the definitions and use of these codes is to be followed. This can be found in the Home and Community Care Block Grant Procedures Manual for Community Service Providers, Sections 3 and 4.

Second Space - What is the functional status of the individual?

Note: DSS-5027 entry will be rejected if the functional status is coded "1 Well" and the client is being registered for In-Home Aide Services, Adult Day Care or Adult Day Health <u>unless</u> the client is the caregiver as indicated in the Fourth Space, below.

- 1 Well
- 2 At Risk
- 3 High Risk

FIELD 14: SPECIAL USE

Third Space - Is the service being provided to relieve the caregiver?

(When the answer is Yes and the service being provided is In Home Aide Services, the system will automatically convert to the DOA Respite code for the same level of In Home Aide Services).

- 1 Yes
- 2 No

Fourth Space - Is the client the caregiver?

- 1 Yes
- 2 No

Fifth Space - Is the client economically needy?

- 1 Yes
- 2 No

Sixth Space - Are Nutrition Services (as defined by the Division of Aging) being provided under the Division of Aging definition of Special Eligibility Criteria?

Note: Entry required only for clients receiving Preparation and Delivery of Meals. DSS-5027 entry will be rejected if incorrect age entry is made here for clients being registered for Preparation and Delivery of Meals.

- 1 Yes (Client is age 59 or under)
- 2 No (Client is age 60 or older)

NORTH CAROLINA DIVISION OF SOCIAL SERVICES SERVICES INFORMATION SYSTEM CLIENT ENTRY FORM A. Client Identifying Information DATE 1 CLIENT ID 2 CLIENT NAME, LAST FIRST 3 CLIENT SOCIAL SECURITY NO. 5 COUNTY 6 COUNTY CASE NO. B. Service Plan 8 DECISION 9 SERVICES REQUESTED 10 SERVICE 11 DATE REQUESTED 12 DATE TERMINATED 13REASON 14 SPECIAL USE C. Notice of Action Taken through — П _____) the service which is marked "No "because _ The policy we followed is found Fee Amount Service D. Purchase of Service Beginning П Provider ID Funding source Client Address: Client Phone: E. Income Information Cost Share Amount _____ per_____ Starting ____ INCOME TYPE INCOME AMCOUNT _PER_ ___PER_ NO. IN INCOME UNIT DECLARATION METHOD Social Worker's Signature VERIFICATION METHOD COMMENTS: if you disagree with any action checked above or if you think the information used to make the decision was incorrect, you have the right to ask for a hearing. Instructions on the back of the form will tell you how to ask for a hearing. By signing below, you are saying that you have given correct and complete information. Witness _

16 CASE MANAGER SSN

20 REASON 2 LEGAL STATUS 22 LIVING ARR. 23 SEX 24 RACE

17 LOCAL USE

EDUCATION 25 IN SCHOOL 26 HIGHEST GRADE 18 SATE USE

H. Client Information

DSS5027 (Rev. 6/93

15 CASE MANAGER NAME, LAST

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NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SOCIAL SERVICES

WORKER DAILY REPORT OF SERVICES TO CLIENTS

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DSS-4263 (REV B-00) PLANNING & INFORMATION																														

- a) The Services Information System has been designed to accept only those program code/service code combinations, which are allowable under services program guidelines. Please refer to Appendix B for identification of the possible program code/service code combinations.
- b) Family Planning: For Daily Reports purposes Family Planning is to be considered a Program using Code F. In addition, Code 080 should be entered in Item 9 (Service).
- Home and Community Care Block Grant: Counties reporting HCCBG data under Option A will use Program Code H for all In-Home Services to be claimed under the HCCBG. Counties reporting under Option B will use Program Code U to report services to be reimbursed under the allocation of funds which were previously administered by the DSS, and Program Code H for the allocation of other HCCBG funds.

041	Level I Home Management
042	Level II Personal Care
043	Level II Home Management
044	Level III Home Management
045	Level III Personal Care
046	Level IV Home Management

Special Instructions for Completing the DSS-4263

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When providing In-Home Service to adults:

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3) If the service is In-Home Aide Services to be charged to the Home and Community Care Block Grant, classify the adult under the HCCBG Options (Program Codes H or U).

H. <u>In-Home Aide Services - HCCBG Option A Reporting</u>

Funds to be claimed from the Division of Aging Home and Community Care Block Grant (Reporting Option A) for In-Home Aide services provided by county departments of social services staff.

U. <u>In-Home Aide Services - HCCBG Option B Reporting</u>

Funds to be claimed from the Division of Aging Home and Community Care Block Grant (Reporting Option B) for In-Home Aide services provided by county departments of social services staff.

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NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SOCIAL SERVICES

WORKER DAILY REPORT OF SERVICES TO CLIENTS

	. MON	NTH YEAR	3. W	orker SSN	4. COUNTY F	PROVIDER		5. W	ORKER NAME LAST, FI, MI
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6. CLIENT NAME	L	DAY (34-	SERVICE (36-38)	10. CLIENT I.D. (30-49)		11. MINUTES (63-56)	12, PGM (67-56)	13 COUNT~U SE (62.64)	14. COMMENTS
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DSS-4263 (REV B-00) PLANNING & INFORMATION									

Data provided monthly to ARMS from SIS

- Two files are created from SIS and the Daysheet system on the night of the 10th, or the prior night if the 10th falls on a holiday or weekend
 - » The first file contains basic information about all active recipients identified as eligible for services funded by the HCCBG
 - » The second file contains a list of all recipients of In-Home Aide services funded with HCCBG during the prior month, for whom the service was provided to relieve the caregiver

Information provided in the data files includes:

File 1

SIS Client ID

Last Name, First Name, and MI

County

Service Application Date

Social Security Number

Date of Birth, Sex, and Race/Ethnicity

"Special Use" data (Field 14 of DSS-5027)

"Other" data (Field 7 of DSS-5027)

Date client information was last updated

Living Arrangement

Information provided in the data files includes:

File 2

SIS Client ID

Fiscal Year

Region

Provider (same as County Number)

Service Code

County Number

SRW (same as County Number)

Service Date

Last Name

Social Security Number

Minutes

Information provided in the data files includes:

File 2

Service Code to Respite Code conversion:

041-Level I Home Management to 235

042-Level II Personal Care
and
043-Level II Home Management to 236

044-Level III Home Management
and
045-Level III Personal Care to 237

SIS User's Manual OnLine

URL to the SIS User's Manual

http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm

Links to PDF replicas of forms

DSS-5027

DSS-4263